

Case No. SA:19-MJ-00131-HJB

PROOF OF SERVICE

This subpoena for (name of individual and title, if any) DR. ISCOMA Ajuto
 was received by me on (date) 2/14/19.

I served the subpoena by delivering a copy to the named person as follows: In Person

17120 Corporate Woods DR.
SAN ANTONIO, Texas on (date) 2/15/2019; or

I returned the subpoena unexecuted because: _____

Unless the subpoena was issued on behalf of the United States, or one of its officers or agents, I have also tendered to the witness fees for one day's attendance, and the mileage allowed by law, in the amount of

\$ _____.

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 2/15/19

Michael J. Bertolo
Server's signature

Michael J. Bertolo, JR.
Printed name and title

111 West San Antonio Street Suite 210-1
New Braunfels, TX 78130

Server's address

5CH11925

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the

United States of America)

v.)

BENJAMIN BOGARD
Defendant)

Case No. SA: 19-MJ-00131-HJB

SUBPOENA TO TESTIFY AT A HEARING OR TRIAL IN A CRIMINAL CASE

To: LEOMA ASUFO M.D.
17720 CORPORATE Woods DR.
San Antonio, TX 78259

YOU ARE COMMANDED to appear in the United States district court at the time, date, and place shown below to testify in this criminal case. When you arrive, you must remain at the court until the judge or a court officer allows you to leave.

Place of Appearance: <u>655 E. CESAR E. CHAVEZ Blvd.</u> <u>San Antonio, TX 78206</u>	Courtroom No.: <u>C</u>
	Date and Time: <u>2-19-19 2:30 PM</u>

You must also bring with you the following documents, electronically stored information, or objects (blank if not applicable): Any and all documents relating to the assessment, evaluation, therapy, and/or diagnosis of Benjamin Bogard, including, but not limited to notes, medical records, intake forms, evaluation documents, assessment documents, therapy documents, diagnostics documents, etc.

(SEAL)

Date: 2-14-19

CLERK OF COURT

M. S. James
Signature of Clerk or Deputy Clerk

The name, address, e-mail, and telephone number of the attorney representing (name of party)

BOGARD

, who requests this subpoena, are:

MICHAEL MORRIS

299 W. San Antonio St.

NEW BRAUNFELS, TX 78130

MMORRIS@MMBIBLAW.COM

(830) 626-8779